



Swimming Program – Kings Swim Centre Langwarrin

Dates of Excursion: Mon 23rd, Tues 24th, Wed 25th, Thurs 26th and Fri 27th July

Educational Purpose of the Program: Five 30 minute swimming lessons with a qualified instructor that caters for all students abilities from beginner to experienced.

Transport Method: Bus

Teachers Responsible: Miss Holmes

Cost: \$60 (includes 5x30 minute lessons and transport by bus both to and from the swimming pool)

Departure Detail: Students will board the bus 30 minutes before their lesson (T.B.A)

Return Details: Students will return to school 30 minutes after their lesson (T.B.A.)

Things to bring: Bathers, towel, and goggles (swimming caps are provided)

Please turn the page over and complete the details, sign and return to school with payment no later than Wednesday 20th June 2018. Forms or payment will not be accepted after this date!

Please complete the checklist on the Yellow page and return it to school no later than Tuesday 12th June 2018. This will allow the instructors to place your child in the appropriate class from the first lesson.

If you have any further queries please don't hesitate to contact me.

*Louise Holmes
Physical Education*

Karingal Primary School

Karingal Primary School Swimming Program - Kings Swim Centre Langwarrin**Office Copy****Monday 23rd, Tuesday 24th, Wednesday 25th, Thursday 26th, Friday 27th July 2018**

Dear Parent/Guardian,

Please complete the details on this slip, sign and return to school no later than the **Wednesday 20th June 2018**

Name of Student: _____ Grade: _____

Medical Condition/s/Allergies _____

Family Home Telephone: _____ Family Mobile Telephone: _____

Contact Number during this Excursion: _____

Business Hours: _____ Mobile: _____

Doctor Name: _____ Phone Number: _____

Medicare Number: _____

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary

Parents Name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ /2018

The Department of Education requires signed consent for all students attending school excursions.

Karingal Primary School Swimming Program - Kings Swim Centre Langwarrin**Teacher Copy****Monday 23rd, Tuesday 24th, Wednesday 25th, Thursday 26th, Friday 27th July 2018**

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Parents Name: _____

Signature of Parent/Guardian: _____ Date: ____ / ____ /2018

The Department of Education requires this consent to be signed for all students attending school excursions.

☐ CASH ☐ CHEQUE ☐ CREDIT CARD ☐ BPAY ☐ CSEFAmount Enclosed \$ CNV ☐☐☐

Please debit my Visacard / Mastercard

Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

With the sum of \$

Name (as shown on card) (BLOCK LETTERS)

Signature Expiry Date/.....

Credit Card if only available for amounts over \$10.00